

**TITLE 450: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE  
SERVICES**

**CHAPTER 24: STANDARDS AND CRITERIA FOR COMPREHENSIVE  
COMMUNITY ADDICTION RECOVERY CENTERS**

**SUBCHAPTER 3. REQUIRED SERVICES**

**PART 1. CCARC REQUIRED CORE SERVICES**

**450:24-3-5. HIV/STD/AIDS education, testing and counseling services**

(a) Every facility shall provide or refer for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, testing, and counseling services for drug dependent persons in accordance with 43A O.S. §3-425.1. Every facility shall:

(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer;

(2) Provide or refer all drug dependent persons, and their identified significant others for HIV/STD/AIDS testing and counseling;

(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and

(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

(b) Compliance with 450:24-3-5 shall be determined by a review of written policies and procedures, consumer records, and other supporting facility records and documentation.

**PART 7. AMBULATORY WITHDRAWAL MANAGEMENT SERVICES**

**450:24-3-64. Ambulatory withdrawal management without extended on-site monitoring environment**

(a) Facilities shall provide co-occurring disorder capable intensive ambulatory withdrawal management without extended on-site monitoring treatment services.

~~(a)(b)~~ The facility shall provide for monitoring/documenting vital signs, food, and liquids.

~~(b)The facility shall provide a safe, welcoming, trauma-informed, and culturally/age appropriate environment.~~

(c) The facility shall maintain a written plan for emergency medical procedures, which shall be approved by a licensed physician; and

(d) The facility shall have supplies, as designated in the written emergency procedures, which shall be accessible to the staff.

(e) The facility shall maintain written programmatic descriptions and operational methods for (a), (c) and (d).

(f) Compliance with 450:24-6-0 may be determined by a review of the following:

(1) Policy and procedures;

(2) Treatment protocols;

- (3) Treatment records;
- (4) Interviews with staff; and
- (5) Other supporting facility documentation.

**450:24-3-65. Ambulatory withdrawal management without extended on-site monitoring, substance use disorder, co-occurring [REVOKED]**

~~(a) Facilities shall provide co-occurring disorder capable intensive ambulatory withdrawal management without extended on-site monitoring treatment services.~~

~~(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:~~

~~(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and~~

~~(2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;~~

~~(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and~~

~~(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.~~

~~(c) Compliance with 450:24-6-0 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.~~

**PART 9. OUTPATIENT TREATMENT SERVICES, ASAM LEVEL 1**

**450:24-3-81. Outpatient treatment services**

(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder treatment services. Outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Rehabilitation services;
- (5) Case management services;
- (6) Peer recovery support services; and
- (7) Wellness services and related activities.

(b) Compliance with 450:24-3-81 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.

**450:24-3-82. Outpatient treatment services, substance use disorder, co-occurring [REVOKED]**

~~(a) Facilities shall provide co-occurring disorder capable outpatient substance use disorder treatment services.~~

~~(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:~~

~~(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and~~

~~(2) Provide or refer all drug dependent persons, and their identified significant other(s), for HIV/STD/AIDS testing and counseling;~~

~~(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and~~

~~(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.~~

~~(c) Compliance with 450:24-3-82 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.~~

## **PART 11. INTENSIVE OUTPATIENT SERVICES, ASAM LEVEL 2.1**

### **450:24-3-101. Intensive outpatient treatment services**

~~(a) Facilities shall provide co-occurring disorder capable intensive outpatient substance use disorder treatment services.~~ Intensive outpatient services shall be determined as necessary using the ASAM criteria and shall include a range of nine (9) to fifteen (15) treatment services per week for adults or six (6) to twelve (12) treatment hours per week for children based on their needs regarding emotional, social and behavioral problems. These intensive outpatient services shall be provided or arranged for, and should include, but not be limited to the following:

~~(1) Individual therapy;~~

~~(2) Group therapy;~~

~~(3) Family therapy;~~

~~(4) Rehabilitation services;~~

~~(5) Case management services;~~

~~(6) Peer recovery support services; and~~

~~(7) Wellness services and related activities.~~

~~(b) Compliance with 450:24-3-101 shall be determined by a review of written policy and procedures; clinical records; and data reported by facilities.~~

### **450:24-3-102. Intensive outpatient treatment services, substance use disorder, co-occurring [REVOKED]**

~~(a) Facilities shall provide co-occurring disorder capable intensive outpatient substance use disorder treatment services.~~

~~(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and~~

~~Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:~~

- ~~(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and~~
  - ~~(2) Provide or refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS testing and counseling;~~
  - ~~(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and~~
  - ~~(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.~~
- ~~(c) Compliance with 450:24-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.~~

### **PART 13. MEDICATION CLINIC SERVICES**

#### **450:24-3-121. Medication clinic services**

- (a) CCARCs shall offer comprehensive medication clinic services to consumers in need of this service.
- (b) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (c) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring and/or substance use disorders.
- (d) Medication ~~clinical~~clinic services shall include but not be limited to:
  - (1) Prescribing or administering medication, including evaluation and assessment of the ~~medication services~~medications provided.
  - (2) Medication orders and administration:
    - ~~(A) Only licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions.~~
    - (A) Licensed allopathic physicians, osteopathic physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
    - ~~(B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.~~
    - ~~(C) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.~~
    - (C) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed.
  - ~~(3) Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.~~

(e) Compliance with 450:24-3-121 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

**450:24-3-122. Medication clinic, medication monitoring**

(a) Medication administration, storage and control, and consumer reactions shall be regularly monitored at all facilities where medications are stored, dispensed, or administered.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.

(5) Only authorized licensed staff shall administer medications.

(6) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

(c) Compliance with 450:24-3-122 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

**SUBCHAPTER 7. FACILITY CLINICAL RECORDS**

**450:24-7-1. Clinical record keeping system [REVOKED]**

~~Each CCARC shall maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.~~

**450:24-7-4. Record access for clinical staff [REVOKED]**

~~(a) The CCARC shall assure consumer records are readily accessible to the program staff directly caring for the consumer. Such access shall be limited to~~

~~the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.~~

~~(b) Compliance with 450:24-7-4 shall be determined by on-site observation and staff interviews.~~

#### **450:24-7-7. Behavioral Health Service Plan**

(a) The service plan is performed by a LBHP or Licensure Candidate with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of sixteen (16), it is performed with the participation of the parent or guardian, if allowed by law, and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.

(b) The service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) For adults, the service plan must be focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.

(e) Service plan updates should occur at a minimum of every six (6) months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures. Service plan updates shall occur at a minimum of once every thirty (30) days during which services are provided for levels of care with ASAM Level 3 (residential and inpatient services).

(f) Service plans, both comprehensive and update, must include dated signatures for the consumer customer (if ~~over age 14~~age fourteen [14] or older), the parent/guardian (if ~~under age sixteen (16) or otherwise applicable~~required by law), and the LBHP or Licensure Candidate. If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.

(g) Service plans for residential and halfway house services shall be completed in accordance with the time frames specified in 450:18-7-82.

(h) Service plans for medically supervised withdrawal management services shall be completed in accordance with 450:18-7-84.

(i) Compliance with 450:24-7-7 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.